

3

3



10/29/99

--

Class	Subclass
1	1.1
2	2.1
3	3.1
4	4.1
5	5.1
6	6.1
7	7.1
8	8.1
9	9.1
10	10.1
11	11.1
12	12.1
13	13.1
14	14.1
15	15.1
16	16.1
17	17.1
18	18.1
19	19.1
20	20.1
21	21.1
22	22.1
23	23.1
24	24.1
25	25.1
26	26.1
27	27.1
28	28.1
29	29.1
30	30.1
31	31.1
32	32.1
33	33.1
34	34.1
35	35.1
36	36.1
37	37.1
38	38.1
39	39.1
40	40.1
41	41.1
42	42.1
43	43.1
44	44.1
45	45.1
46	46.1
47	47.1
48	48.1
49	49.1
50	50.1
51	51.1
52	52.1
53	53.1
54	54.1
55	55.1
56	56.1
57	57.1
58	58.1
59	59.1
60	60.1
61	61.1
62	62.1
63	63.1
64	64.1
65	65.1
66	66.1
67	67.1
68	68.1
69	69.1
70	70.1
71	71.1
72	72.1
73	73.1
74	74.1
75	75.1
76	76.1
77	77.1
78	78.1
79	79.1
80	80.1
81	81.1
82	82.1
83	83.1
84	84.1
85	85.1
86	86.1
87	87.1
88	88.1
89	89.1
90	90.1
91	91.1
92	92.1
93	93.1
94	94.1
95	95.1
96	96.1
97	97.1
98	98.1
99	99.1
100	100.1

THE CLASSIFICATION

U.S. UTILITY PATENT APPLICATION

4 O.I.P.E. ~~SA~~
SCANNED Q.A. *me*

PATENT DATE

SECTOR	CLASS	SUBCLASS	ART UNIT	EXAMINER
	705	57	139410 50710	146755 Hayes

FILED WITH: ☐ DISK (CRF) ☐ FICHE
(Attached in pocket on right inside flap)

PREPARED AND APPROVED FOR ISSUE

ISSUING CLASSIFICATION

[illegible]

<input type="checkbox"/> TERMINAL DISCLAIMER	DRAWINGS			CLAIMS ALLOWED	
	Sheets Drwg.	Figs. Drwg.	Print Fig.	Total Claims	Print Claim for O.G.
<input type="checkbox"/> a) The term of this patent subsequent to _____ (date) has been disclaimed. <input type="checkbox"/> b) The term of this patent shall not extend beyond the expiration date of U.S Patent. No. _____ <input type="checkbox"/> c) The terminal _____ months of this patent have been disclaimed.	_____ (Assistant Examiner) (Date)			NOTICE OF ALLOWANCE MAILED	
	_____ (Primary Examiner) (Date)			ISSUE FEE	
				Amount Due	Date Paid
	_____ (Legal Instruments Examiner) (Date)			ISSUE BATCH NUMBER	

WARNING:

The information disclosed herein may be restricted. Unauthorized disclosure may be prohibited by the United States Code Title 35, Sections 122, 181 and 368. Possession outside the U.S. Patent & Trademark Office is restricted to authorized employees and contractors only.

Form PTO-436A
(Rev. 10/97)

BEST AVAILABLE COPY (LABEL AREA)

(FACE)